

**PART I. YOUTH, ASSESSOR, AND EVALUATION INFORMATION**  Completed

<b>JJIS#:</b>	<b>Youth's Name:</b>
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**Assessment Date** *(date assessment was initiated):* \_\_\_\_\_

**Office/County of Jurisdiction** *(county conducting assessment):* \_\_\_\_\_

**Assessor** *(person conducting assessment):* \_\_\_\_\_

**Type of Assessment:**  Initial Assessment     Reassessment

<b>For Reassessments Only: Linked assessment</b> <i>(name of most recent prior JCP assessment)</i>	<b>Date of linked assessment</b> <i>(generally the most recent prior JCP assessment that was completed at least 30 days or more before this assessment)</i>
<input type="checkbox"/> JCP Assessment – 2006.1	_____
<input type="checkbox"/> JCP Assessment – 2021	<i>(month - day - year)</i>

**1.0 DEMOGRAPHIC AND JCP PROGRAM EVALUATION QUESTIONS**

*Before conducting the assessment, complete questions 1.1 through 1.3 to help determine if the youth or family (if they are present) needs an interpreter. If either is not proficient in English, please stop the assessment and continue only when someone proficient in the youth's or family's language is available. For help on determining English proficiency, see help for item 1.1.*

- 1.1 Is English youth's primary language?**  Yes     No
- 1.2 [IF NOT] Ask youth to describe their understanding of English:**  Poor     Fair     Very Good
- 1.3 If youth's primary language is not English, what is it?**
- |   |  |
|---|--|
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Spanish                           |
| <input type="checkbox"/> Hmong              | <input type="checkbox"/> Vietnamese                        |
| <input type="checkbox"/> Russian            | <input type="checkbox"/> Other non-English (Specify) _____ |

**1.4 Race/ethnicity/cultural heritage.** Ask the youth to self-identify their race, ethnicity, or cultural heritage from the list below. Check all that apply.

01. <input type="checkbox"/> American Indian or Alaska Native	<i>(Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe of Indians; Confederated Tribes of Grand Ronde; Klamath Tribes; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs, etc.)</i>
02. <input type="checkbox"/> Black or African American	<i>(African American, Haitian, Nigerian, Afro-Caribbean, etc.)</i>
03. <input type="checkbox"/> Hispanic, Latinx, or Spanish Origin	
04. <input type="checkbox"/> Mexican	<i>(including Mexican American)</i>
05. <input type="checkbox"/> Please specify: _____	<i>(Puerto Rican, Cuban, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)</i>
06. <input type="checkbox"/> White	<i>(German, Irish, English, etc.)</i>
07. <input type="checkbox"/> Asian	
08. <input type="checkbox"/> Asian Indian	
09. <input type="checkbox"/> Chinese	
10. <input type="checkbox"/> Vietnamese	
11. <input type="checkbox"/> Please specify: _____	<i>(Filipino, Japanese, Korean, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)</i>
12. <input type="checkbox"/> My race, ethnicity, or origin [if not listed above] is (please specify): _____	<i>(Native Hawaiian, Other Pacific Islander, Middle Eastern, North African, etc.)</i>
13. <input type="checkbox"/> Unsure	
14. <input type="checkbox"/> Prefer not to answer	

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**1.5 Sex/Gender:** Ask the youth how they describe themselves.

- 01 Male
- 02 Female
- 03 Nonbinary/gender diverse
- 04 Transgender
- 05 Gender neutral/No gender identity
- 06 My gender identity is fluid (it varies)
- 07 My gender identity is: \_\_\_\_\_ (fill in description)
- 08 Exploring or unsure
- 09 Prefer not to answer

**1.6** [Answer this question only if you are completing an **INITIAL ASSESSMENT**; skip if this is a reassessment]

**Do you expect this youth to be referred to JCP Prevention Services within the next 3 months?**

- Yes       No       Don't know

**JCP Program Evaluation Questions**

*Complete this section only if youth participated in a JCP prevention program*

**1.7 First JCP Service Start or "Open" Date:**

\_\_\_\_\_   
 Month/Day/Year

**1.8 Last JCP Service End or "Closed" Date (if applicable):**

\_\_\_\_\_   
 Month/Day/Year

**1.9 Program/Service Status (check only one)**

- 1 Still active at time of review
- 2 Inactive at time of review
- 3 No longer in service at time of review

or Youth did not participate in JCP service or program (select reason from list below)

- 4 Unable to contact youth or family
- 5 Youth or parent/guardian declined
- 6 No show: Youth or family did not show up for service/program
- 7 Appropriate service not available
- 8 Other (specify) \_\_\_\_\_

**1.10** [Answer only if youth was **INACTIVE** at time of reassessment]

**What date was youth placed on inactive status?**

\_\_\_\_\_   
 Month/Day/Year

**1.11** [Answer if youth is **INACTIVE** or **NO LONGER IN SERVICE** at time of reassessment]

**Did youth complete program requirements?**

- Yes, generally completed program requirements
- No, did not complete program requirements
- Don't know

[Answer Questions 1.12 through 1.18 below only if youth **participated** in a JCP Prevention Program. Skip to Section 2.0 if “no participation” in a JCP Prevention Program (you marked 4 - 8 in Question 1.9 above)]

**1.12 JCP services provided to address youth’s identified risk factors (check all that apply)**

- 1 **Direct interventions** specifically designed to address risk factors (i.e., services to increase school success, decrease acting out or delinquent behaviors, reduce substance abuse, improve family functioning, and/or increase positive peer associations)
- 2 **Case management or case coordination services** (include multi-agency service teams)
- 3 **Support services** (include basic needs, childcare, health, housing, recreation, transportation, etc.)

**1.13 Other JCP Services Provided (describe)** \_\_\_\_\_

**1.14 Completed or satisfactorily participating in program/activities as directed?**

- 1 Yes
- 2 Partially
- 3 No
- 4 Does not apply

**1.15 Completed or satisfactorily participating in planned skill development?**

- 1 Yes
- 2 Partially
- 3 No
- 4 Does not apply

**1.16 Completed or satisfactorily participating in treatment programs?**

- 1 Yes
- 2 Partially
- 3 No
- 4 Does not apply

**1.17 Areas focused on by JCP service plan during the report period (check all that apply)**

- 1 School Issues
- 2 Peer Relationships
- 3 Antisocial Behavior
- 4 Family Functioning
- 5 Substance Use
- 6 Attitudes, Values, & Beliefs
- 7 Not specified
- 9 Don't know, unknown

**1.18 Other area focused on by JCP Service Plan (specify)** \_\_\_\_\_

**PART II. INDICATORS**

To complete this assessment, conduct an interview with the youth, as well as an interview with the youth's caregiver (ideally, spend time with each separately as well as together). In addition, gather information from as many other sources as possible [once obtaining appropriate releases], such as schools, teachers, treatment providers, family members, peers, etc.]. Fill in all responses, including items for case planning. Do not leave items blank. You may make any necessary revisions/adjustments to responses within 30 days of the assessment date if you have not “locked” the assessment.

<p>2.0 <input type="checkbox"/></p>	<p><b>SCHOOL ISSUES</b> <b>Case Planning Domain: Education</b> Some of the school indicators may not be applicable if youth has graduated from high school or has completed, or is currently working on, a GED. If youth is being assessed during the summer or is not attending during a regular term, code the last regular semester and use the last month of school attended for the “past month” questions. If a youth has just started school, use most recent school term to assess questions. When possible, talk with the current teacher(s) and school administration about how the youth is doing now on assignments and classwork.</p>	<p>Yes</p>	<p>No</p>
<p>PF2.1</p>	<p><b>Significant school attachment/commitment</b> (<i>has significant attachments, beliefs, commitment and/or involvement with and within their school; motivated to do well in school</i>).</p>	<p><input type="checkbox"/></p>	<p><input type="radio"/></p>
<p>R2.2</p>	<p><b>Academic failure</b> (<i>recently failed, or currently failing two or more classes; not meeting the minimal academic standards of D or higher in all classes; minimum of 1.0 GPA; not performing at grade level appropriate to youth’s age</i>).</p>	<p><input type="radio"/></p>	<p><input type="checkbox"/></p>
<p>R2.3</p>	<p><b>Chronic truancy</b> (<i>skips school at least once a week or has more than four unexcused absences in past month</i>).</p>	<p><input type="radio"/></p>	<p><input type="checkbox"/></p>
<p>R2.4</p>	<p><b>School dropout</b> (<i>has stopped attending school or is not enrolled. Do not count if graduated, completed/working on GED, or attending alternative education/trade program</i>).</p>	<p><input type="radio"/></p>	<p><input type="checkbox"/></p>
<p>R2.5</p>	<p><b>Suspension(s) or expulsion(s) during past 6 months.</b></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>C2.6</p>	<p><b>Suspension(s) or expulsion(s) from school during past month.</b></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>PF2.7</p>	<p><b>Family actively involved in helping youth succeed in school</b> (<i>someone from the youth’s family/household supports the youth’s educational progress, such as encourages the youth to attend and succeed in school [despite their own fears or negative experiences with school], provides a place for youth to complete homework, helps with homework, provides or helps ensure the youth has transportation to school, or talks with teachers or other school staff, etc.</i>)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>R2.8</p>	<p><b>Diagnosed learning disability or concrete evidence of cognitive difficulties</b> (<i>include if youth has an academic Individualized Education Plan or 504 plan due to a learning disability or difficulty, has been diagnosed by a qualified healthcare professional to have ADHD or other learning disability or difficulty that is impacting their ability to learn, or has been held back a grade level due to learning [rather than social or behavioral] difficulties; do <u>not</u> include IEPs or 504 plans for emotional disorders or other medical issues; or placement in special education or behavioral classrooms without diagnosis of a learning disability, learning difficulty, or cognitive difficulty</i>).</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p><b>Comments:</b></p>			

<p>3.0 <input type="checkbox"/></p>	<p><b>PEER RELATIONSHIPS AND OTHER RELATIONSHIPS</b> <b>Case Planning Domain: Life/Social Skills</b></p>	<p>Yes</p>	<p>No</p>
<p>PF3.1</p>	<p><b>Friends disapprove of unlawful behavior</b> (<i>associates on a regular [daily to weekly] basis with <u>more than one friend</u> who disapproves of illegal acts such as stealing, physically hurting others, vandalism, etc. Sample interview questions: Think about your four closest friends. How many of them would say they don’t like when other youth do something that is against the rules, illegal, or could get someone in trouble? How many of them can you tell or guess would disapprove of another youth who did something against the rules? [code yes if 2 or more]</i>).</p>	<p><input type="checkbox"/></p>	<p><input type="radio"/></p>

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R3.2	<b>Friends engage in unlawful or serious acting-out behavior</b> ( <i>has one or more friends or routine contact with peer(s) who actively engage in unlawful behaviors including delinquency, substance abuse, or violent activities.</i> ). ▲ <sup>1</sup>	<input type="radio"/>	<input type="checkbox"/>
R3.3	<b>Has friends who have been suspended or expelled or dropped out of school</b> ( <i>associates with one or more friends who have been suspended, expelled, or dropped out of school</i> ).	<input type="radio"/>	<input type="checkbox"/>
PF3.4	<b>Has friends who are academic achievers</b> ( <i>has friendships and meaningful acquaintances with <u>more</u> than one other youth achieving academic excellence</i> ).	<input type="checkbox"/>	<input type="radio"/>
R3.5	<b>Substance abusing friends</b> ( <i>Youth hangs out with one or more other youth who use alcohol and/or drugs on a regular basis [e.g., at least several times per month]</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
PF3.6	<b>There is an adult in youth's life (other than a parent) she/he can talk to</b> ( <i>youth reports having good conversations or connections with an adult, other than a parent, within the last month</i> ).	<input type="checkbox"/>	<input type="radio"/>
PF4.16	<b>Lives in a low crime and/or stable, supportive neighborhood</b> ( <i>youth perceives neighborhood as friendly, stable, supportive, law abiding</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

<b>4.0</b>	<b>BEHAVIOR ISSUES</b>		
<input type="checkbox"/>	<b>Case Planning Domain: Offense Specific</b>	Yes	No
R4.1	<b>Chronic aggressive, disruptive behavior at school starting before age 13</b> ( <i>stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping</i> ).	<input type="radio"/>	<input type="checkbox"/>
C4.2	<b>Aggressive, disruptive behavior at school during past month</b> ( <i>stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping</i> ).	<input type="radio"/>	<input type="checkbox"/>
R4.3	<b>Three or more referrals for criminal offenses</b> ( <i>misdemeanor or felony charges, such as burglary, theft, assault, vandalism. Exclude curfew, truancy, running away, MIP's, incorrigibility, technical probation violations, violations of local ordinances and infractions</i> ).	<input type="radio"/>	<input type="checkbox"/>
R4.4	<b>Referred for a criminal offense at age 13 or younger</b> ( <i>misdemeanor or felony charge. Exclude curfew, truancy, running away, MIP's, incorrigibility, technical probation violations, and/or violations of local ordinances and infractions</i> ). ▲	<input type="checkbox"/>	<input type="checkbox"/>
PF4.5	<b>Involved in constructive extra-curricular activities</b> ( <i>sports, clubs, student or religious groups, practice of music, theater, or other arts</i> ).	<input type="checkbox"/>	<input type="radio"/>
R4.6	<b>Chronic runaway history</b> ( <i>has recent or past chronic runaway history involving an extended period [1 week or more] or repeated [3 or more] short episodes [1 to 3 days] being gone overnight counts as 1 day; youth has left their home or other placement without the knowledge and authorization of their parent/guardian/caregiver or the youth has failed to return to their home or placement and is gone at least 1 day/overnight; count regardless of whether the parent/guardian/caregiver knows or suspects where the youth is; count regardless of the reason the youth gives for why they ran away; reports in JJIS count but are not required for coding this indicator.</i> ).	<input type="radio"/>	<input type="checkbox"/>
C4.7	<b>Recent runaway</b> ( <i>in past month, youth has run away for at least one day/night, being gone overnight counts as 1 day; youth has left their home or other placement without the knowledge and authorization of their parent/guardian/caregiver or the youth has failed to return to their home or placement and is gone at least 1 day/overnight; count regardless of whether the parent/guardian/caregiver knows or suspects where the youth is; count regardless of the reason the youth gives for why they ran away; reports in JJIS count but are not required for coding this indicator.</i> ).	<input type="radio"/>	<input type="checkbox"/>

<sup>1</sup> ▲ = Violence indicator

JCP ASSESSMENT 2021 - JJIS Version (Updated December 2021)

R4.8	<b>Behavior hurts others or puts them in danger (check if true at any time in past)</b> (check if true at any time in past) (youth has been referred for—or reports—a violent crime or being violent, threatening someone, being aggressive to others, or using physical force to solve problems. Examples of harm or threats include robbery, carrying a handgun or other illegal weapon, being in a fight with a weapon, physically or verbally attacking someone with the idea of hurting them, communicating that they are planning to harm someone, sexually harming someone, or driving a vehicle after drinking or using illegal drugs) ▲	<input type="checkbox"/>	<input type="checkbox"/>
R4.9	<b>In past month, youth's behavior has hurt others or put them in danger</b> (in the past month, youth has been referred for—or reports—a violent crime or being violent, threatening someone, being aggressive to others or using physical force to solve problems. Examples of harm or threats include robbery, carrying a handgun or other illegal weapon, being in a fight with a weapon, physically or verbally attacking someone with the idea of hurting them, communicating that they are planning to harm someone, sexually harmed someone, or driving a vehicle after drinking or using illegal drugs). Counts as a violence indicator for all ages in Question 13.1 ▲	<input type="radio"/>	<input type="checkbox"/>
R4.10	<b>Behavior hurts youth or puts them in danger (check if has been true at any time in the past)</b> (limit to physical harm or threat of harm, e.g., attempted suicide, riding in a vehicle with a teenage driver who had been drinking or using drugs, taking other excessive risks).	<input type="radio"/>	<input type="checkbox"/>
C4.11	<b>In the past month, youth's behavior has hurt or put them in danger</b> (see R4.10) Answer should be "no" if response to 4.10 is "no."	<input type="checkbox"/>	<input type="checkbox"/>
R4.12	<b>A pattern of impulsivity combined with aggressive behavior toward others.</b> (Code "yes" if the youth has been exhibiting behavior over the past 3 months that is <u>both</u> impulsive (acting without forethought) and aggressive (ready or likely to attack or confront), and if there are at least 3 examples of this type of behavior. Count both physical aggression and threats of harm. Aggressive behavior can include attempts to dominate a situation or control someone else (as long as it is also impulsive). Typically includes poor self-regulation. Gather information from as many sources as possible, including the youth, family members, peers, school staff, etc. Examples include getting angry and punching a wall, pushing someone in the hall at school as they walk by, posting an online threat that was not pre-planned.)	<input type="radio"/>	<input type="checkbox"/>
R4.13	<b>Harms or injures animals.</b>	<input type="radio"/>	<input type="checkbox"/>
R4.14	<b>Preoccupation with -OR- use of weapons.</b> (Code "yes" if the youth or other sources of information report the youth is completely engrossed or absorbed by thinking about, researching, or using weapons -or- has used a weapon in a manner that is not socially/culturally acceptable. Include behavior that seems obsessive to outside observers, that the youth spends time on to the exclusion of other activities (such as homework or extracurricular activities), or if the youth reports that the preoccupation is difficult for them to avoid or control. Do not include socially or culturally acceptable use of weapons, such as hunting with a family member or target practice. Possession of a weapon is <u>not</u> necessarily sufficient to count for this item.)	<input type="radio"/>	<input type="checkbox"/>
R4.15	<b>Has history of setting fires.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

5.0	<b>FAMILY FUNCTIONING</b>		
<input type="checkbox"/>	<b>Case Planning Domain: Family</b>	Yes	No
PF5.1	<b>Communicates effectively with family members</b> (shared communication is both verbal and nonverbal and includes establishing and maintaining healthy relationship boundaries).	<input type="checkbox"/>	<input type="radio"/>
R5.2	<b>Poor family supervision and control</b> (family does not know where the youth goes, what they do, or with whom, and has little or no influence in such matters).	<input type="radio"/>	<input type="checkbox"/>
R5.3	<b>Serious family conflicts</b> (people in youth's family/household use physical abuse (hitting, pushing, slapping, etc.), emotional abuse (insults; attempts to scare, isolate or control) or threats of harm (physical, financial, etc.) when interacting with each other or to solve problems; youth does not feel safe/secure emotionally or physically at home or with family members (whether or not they live in the youth's household).	<input type="radio"/>	<input type="checkbox"/>

JCP ASSESSMENT 2021 - JJIS Version (Updated December 2021)

R5.4	<b>History of child abuse/neglect or domestic violence.</b> <i>(Does the youth report—during this assessment—having experienced physical, sexual, or emotional abuse or having witnessed domestic violence? Utilize sample questions if needed. Has there been a report to a child welfare agency involving this youth (even if the youth denies abuse during the assessment)? The abuse or neglect does not need to be investigated or substantiated. Has there ever been a domestic violence incident reported to police involving this youth's family? When possible, check with administrative records (JJIS, DHS, law enforcement, court records [e.g., restraining order]).</i>	<input type="radio"/>	<input type="checkbox"/>
5.5	<b>Inactive Field (skip)</b>		
R5.6	<b>Criminal family members</b> <i>(family member or someone in youth's household has history of criminal behavior that is having an impact on youth's current behavior).</i>	<input type="radio"/>	<input type="checkbox"/>
R5.7	<b>Substance abusing family or household member</b> <i>(Family member(s) or someone in youth's household has/have history of substance abuse and drug related behavior that is having an impact on youth's current behavior).</i>	<input type="checkbox"/>	<input type="checkbox"/>
R5.8	<b>Family trauma/disruption during past 12 months</b> <i>(youth's family has experienced separation/divorce; moving more than once' inadequate family finance to meet basic needs, job loss, disability, chronic unemployment, homelessness, prolonged or life-threatening illness; death; abandonment).</i>	<input type="checkbox"/>	<input type="checkbox"/>
R5.9	<b>Family trauma/disruption since last review. (Reassessment Only)</b>	<input type="checkbox"/>	<input type="checkbox"/>
PF5.10	<b>Has close, positive, supportive relationship with at least one family member</b> <i>(at least one family member has a supportive relationship with the youth, encourages the youth, and provides recognition for achievements).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

6.0	<b>SUBSTANCE USE</b>		
<input type="checkbox"/>	<b>Case Planning Domain: Substance Use</b>	Yes	No
R6.1	<b>Substance use beyond experimental use</b> <i>(youth has used one substance (alcohol, tobacco, marijuana, or other drug) more than once in the past 30 days or more than twice ever, or youth has used more than one substance in the past 30 days. Code "yes" if youth demonstrates any consistent use (such as weekly) or pattern of use (such as when upset) or an increase in use compared to previous periodic or experimental use. Code "yes" if the criteria are met even if the youth claims their use is still experimental)</i>	<input type="radio"/>	<input type="checkbox"/>
R6.2	<b>Current substance use is causing problems in youth's life</b> <i>(youth is having problems with school, the law, family, friends or community related to alcohol/drug use, for example, substance use is leading to fights, getting the youth into trouble with other people (such as their parents or friends), the youth was arrested/referred for allegation related to drugs or alcohol (even once); substance use caused youth to give up, reduce, miss, or have problems at important activities at work, school, home, or social events. Code "yes" if the youth describes any situations where substance use caused a problem, even if the youth denies their use is causing problems.)</i>	<input type="radio"/>	<input type="checkbox"/>
R6.3	<b>Substance use began at age 13 or younger</b> <i>(began use of alcohol or other drugs, or regular use of tobacco, at age 13 or younger). ▲</i>	<input type="radio"/>	<input type="checkbox"/>
R6.4	<b>Has been high or drunk at school at any time in the past.</b>	<input type="radio"/>	<input type="checkbox"/>
<b>Comments:</b>			

<b>7.0</b> <input type="checkbox"/>	<b>ATTITUDES, VALUES, &amp; BELIEFS</b> <b>Case Planning Domain: Life Skills</b> <i>*Note R7.1 is a risk indicator and is included in the Domain Total in 12.1.</i>	Yes	No
<b>R7.1</b>	<b>Anti-social thinking, attitudes, values, beliefs</b> ( <i>attitudes or values which are accepting of delinquent behavior, drug use, or violence.</i> )	<input type="radio"/>	<input type="checkbox"/>
<b>R7.2</b>	<b>Youth lacks empathy, remorse, sympathy, or feelings for his/her victim(s).</b> ( <i>youth cannot identify a person/people impacted by their behavior, youth does not have the ability to understand and share feelings of person/people impacted by their behavior, or youth does not express regret or guilt for their behavior.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>PF7.3</b>	<b>Youth accepts responsibility for behavior.</b> ( <i>youth acknowledges they have control over how they act and understands that their behavior has consequences, youth is able to understand their role in the incident or behavior that they were referred for, youth understands they have a duty to make safe/healthy/positive decisions. Example: a youth describes why their mother is upset about them being referred to the juvenile department for shoplifting or to the school principal for hitting another student - they are able to describe their role in the incident and understands it was wrong, who it hurt, and what they will do differently in the future.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>R7.4</b>	<b>Youth inaccurately interprets actions and/or intentions of others as hostile.</b> ( <i>youth is unable to read the emotions of other people accurately and assumes that others are acting in an aggressive way when they are not (or when there is not enough information to know), youth believes that other people are trying to harm them, youth's explanation for others' behaviors tend to presume a negative intention. Explore various scenarios and allow the youth to explain what happened; assess whether the youth was treated in a hostile manner. Code yes if the youth shows a pattern, over multiple situations and people, of generally interpreting others as being out to get them. Keep in mind that some youth may have experienced extensive hostility or have been unfairly targeted in the past, so their interpretation of others' actions could be accurate. Only code yes if the youth's interpretation is inaccurate.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>PF7.5</b>	<b>Youth talks about the future in a positive way with plans or aspirations of a better life.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R7.6</b>	<b>Youth preoccupied with delinquent or antisocial behavior.</b> ( <i>youth is completely engrossed or absorbed by thinking about, planning, or doing behaviors that are harmful or illegal; youth glamorizes harmful or illegal behavior or idolizes others who act in harmful or illegal ways. Include behavior that seems obsessive to outside observers, that the youth spends time on to the exclusion of other activities (such as homework or extracurricular activities), or if the youth reports that the preoccupation is difficult for them to avoid or control.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			
<b>8.0</b>	<b>MENTAL HEALTH INDICATORS</b> <i>Youth with multiple mental health indicators are at increased risk of offending. Consider additional mental health assessment and/or services and supervision for these youth.</i>	Yes	No
<b>8.1</b>	<b>Actively suicidal or prior suicide attempts.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.2</b>	<b>Depressed or withdrawn.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.3</b>	<b>Difficulty sleeping or eating problems.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.4</b>	<b>Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.5</b>	<b>Social isolation: youth is on the fringe of their peer group with few or no close friends. ▲</b>	<input type="checkbox"/>	<input type="checkbox"/>

Sections 9.0 through 11.0 – No Longer Used



JCP ASSESSMENT 2021 - JJIS Version (Updated December 2021)

12.0	<b>TOTALS</b> JJIS will calculate automatically; use directions below if manual calculation is desired.		
12.1	<b>Total Risk Domains</b> (Count number of domains checked <input checked="" type="checkbox"/> or risk domains with one or more circles checked (maximum of 6)		_____
12.2	<b>Total Risk Indicators</b> (maximum of 30)		_____
12.3	<b>Total Protective Factors</b> (maximum of 6)		_____
12.4	<b>Total Mental Health Indicators</b> - count items checked "yes" in Section 8 (maximum of 5)		_____
<b>Complete Questions 12.5 – 12.11 only if Initial Assessment</b>			
12.5	<b>Initial Assessment Risk Level Based on Office Preference</b>		
	<u>Default Range</u> <input type="checkbox"/> Low Risk            0-5 <input type="checkbox"/> Medium Risk        6-13 <input type="checkbox"/> High Risk            14 or more	<u>Alternate Range</u> <input type="checkbox"/> Low Risk            0-5 <input type="checkbox"/> Medium Risk        6-13 <input type="checkbox"/> Medium-High       14-17 <input type="checkbox"/> High Risk            18 or more	
12.6	<b>a. Is youth low risk?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No," check "Not Applicable"</b> <b>If "Yes," does youth have one or more of seven identified high risk indicators that increase a low risk youth's likelihood of reoffending (answer was "yes" for any of the following questions: 2.4, 3.6, 4.6,4.7, 4.13, 4.14, 6.4)?</b>  <b>If youth is low risk, and answer is YES, consider an override to medium risk for this youth.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
12.7	<b>Do you want to override the Risk Level?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Override Up <input type="checkbox"/> Yes, Override Down	
12.8	<b>Override Risk Level</b>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Medium – High Risk (use only if county is using alternate range) <input type="checkbox"/> High Risk	
12.9	Inactive		

**JCP ASSESSMENT 2021 - JJIS Version (Updated December 2021)**

12.10	<b>Override Reason</b>	<input type="checkbox"/> Sex offender <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Extremely serious substance abuse <input type="checkbox"/> Fire setting <input type="checkbox"/> Low risk offender with one of the 7 “high-risk” indicators <input type="checkbox"/> Other (specify) _____
12.11	<b>Final Initial Assessment Risk Level</b>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Medium-High Risk <i>(use only if county is using alternate range)</i> <input type="checkbox"/> High Risk
12.12	<b>Completing and Locking the JCP</b> Remember to check the “ <input type="checkbox"/> Completed” checkbox at top right of first page when finished. If the completed box is checked in JJIS, and all required questions have been answered, JJIS checks the box and enters the current date as the Locked Date.	

13.0	<b>VIOLENCE INDICATORS</b> <b>Case Planning Domain: Offense Specific</b>	
13.1	<b>Violence Indicators</b> Automatically answered in JJIS  Manually, answer is “Yes” if 3.2, 4.4, 4.8, 4.9, or 8.5 is “Yes;” or if youth is age 6 – 11, and 6.3 is “Yes.” Otherwise, answer is “No.”	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.0	<b>REASSESSMENT</b> Complete Sections 14.0 through 21.5 only if this is a JCP <b>Reassessment</b>	
14.1	<b>Date of previous JCP Assessment, immediately prior to this assessment</b>	_____ <i>(month/day/year)</i>
14.2	<b>Expected date of next JCP assessment</b>	_____ <i>(month/day/year)</i>
14.3	<b>Reason for JCP Reassessment: Scheduled Review</b>	<input type="checkbox"/> 90-day review <input type="checkbox"/> 120-day review <input type="checkbox"/> 180-day review <input type="checkbox"/> Other scheduled review: <input type="checkbox"/> Non-scheduled review
14.4	<b>Other reason for JCP Reassessment (non-scheduled)</b>	<input type="checkbox"/> Completed treatment or accountability objectives <input type="checkbox"/> Technical probation violation <input type="checkbox"/> New law violation <input type="checkbox"/> Counselor initiated review <input type="checkbox"/> Other
14.5	Inactive	

15.0	<b>COMMUNITY PROTECTION</b> Case Plan Domain: Community Protection	
15.1	Inactive	
15.2	<b>Most Serious Weapons Charge since Linked Assessment</b>	Weapons charge, if any, pre-filled by JJIS Data Link; otherwise blank _____
15.3	<b>Most Serious Law Violation since Linked Assessment</b>	Pre-filled by JJIS data link if any new law violation; otherwise blank _____
15.4	<b>Weapons Charge Recorded in JJIS since Linked Assessment</b>	JJIS will enter a “Yes” if there is a weapons charge listed in 15.2 above  <input type="checkbox"/> Yes <input type="checkbox"/> No
15.5	<b>Weapons Charge documented outside of JJIS since Linked Assessment</b>  Has the youth had a weapons charge that has been documented outside of JJIS (that is, it is not on the list in the answer section of 15.2)? This could be a crime committed in another state, or one associated with an offense that JJIS could not easily identify as a weapons offense, or an offense committed on a reservation. (Not scored here; used to compute score in 15.7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.6	<b>Describe the Weapons Charge Not Recorded in JJIS since Linked Assessment</b> If the answer to 15.5 above was “Yes,” you must describe the weapons charge that has not been entered.	Weapons charge:
15.7	<b>Community Protection Score</b> Score is automatically calculated by JJIS.  If doing manually, enter points ( ) of checked response in right column. Only one score should be entered.	<input type="checkbox"/> No new law violation (-1)  <input type="checkbox"/> Status, local ordinance, or violation (0)  <input type="checkbox"/> Misdemeanor (+1)  <input type="checkbox"/> Non-person felony (+1)  <input type="checkbox"/> Weapons related - felony or misdemeanor (+2)  <input type="checkbox"/> Felony person (+2)
15.8	<b>Frequency of New Criminal Referrals since Linked Assessment</b> Automatically calculated by JJIS.  If doing manually, enter points ( ) of checked response in right column.	<input type="checkbox"/> Only 1 new criminal referral since linked assessment (0)  <input type="checkbox"/> Two or more new criminal referrals since linked assessment (+1)

<p><b>16.0</b></p>	<p><b>RESPONSE TO SUPERVISION</b> Case Plan Domain: Accountability</p>	
<p><b>16.1</b></p>	<p><b>Compliance with <u>technical</u> terms of probation/supervision?</b></p> <p>Enter points ( ) of checked response in score column on far right.</p>	<p><input type="checkbox"/> Very compliant (-2)</p> <p><input type="checkbox"/> Compliant (-1)</p> <p><input type="checkbox"/> Partially compliant (0)</p> <p><input type="checkbox"/> Generally non-compliant (+1)</p> <p><input type="checkbox"/> Seriously non-compliant (+2)</p>
<p><b>17.0</b></p>	<p><b>RESPONSE TO ACCOUNTABILITY</b> Case Plan Domain: Accountability</p>	
<p><b>17.1</b></p>	<p><b>Completed or satisfactorily participating in accountability sanctions, as directed</b></p> <p>Enter points ( ) of checked response in score column on far right.</p>	<p><input type="checkbox"/> Does not apply (0)</p> <p><input type="checkbox"/> No (+1)</p> <p><input type="checkbox"/> Partially (0)</p> <p><input type="checkbox"/> Yes (-1)</p>
<p><b>18.0</b></p>	<p><b>RESPONSE TO SKILL DEVELOPMENT AND TREATMENT</b> Case Plan Domain: Accountability</p>	
<p><b>18.1</b></p>	<p><b>Completed or satisfactorily participating in planned skill development</b></p> <p>Enter points ( ) of checked response in score column on far right.</p>	<p><input type="checkbox"/> Does not apply (0)</p> <p><input type="checkbox"/> No (+1)</p> <p><input type="checkbox"/> Partially (0)</p> <p><input type="checkbox"/> Yes (-1)</p>
<p><b>18.2</b></p>	<p><b>Completed or satisfactorily participating in treatment programs</b></p> <p>Enter points ( ) of checked response in score column on far right.</p>	<p><input type="checkbox"/> Does not apply (0)</p> <p><input type="checkbox"/> No (+1)</p> <p><input type="checkbox"/> Partially (0)</p> <p><input type="checkbox"/> Yes (-1)</p>

JCP ASSESSMENT 2021 - JJIS Version (Updated December 2021)

19.1	Inactive			
20.0	<b>SCORING</b>			
20.1	<b>JCP Reassessment final score</b> Automatically calculated by JJIS  To calculate manually, add the scores in Sections 15 through 18. Add the total to the score in question 12.2, "Total Risk Indicators." This is the total score.  Note: The final score may be less than the score in 12.2 if the youth has been compliant with terms of probation.		Final Score: _____	
21.0	<b>FINAL ASSESSMENT RISK LEVEL</b> Domain: Community Protection			
21.1	Inactive			
21.2	<b>Reassessment Level Based on Office Preference</b>  <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<b>Default Range</b>  0-5 6-13 14 or more	<b>Alternate Range</b>  <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Medium-High <input type="checkbox"/> High Risk	0-5 6-13 14-17 18 or more
21.3	<b>Do you want to override the Reassessment Risk Level?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, Override Up <input type="checkbox"/> Yes, OverrideDown	
21.4	<b>Reassessment Override Risk Level</b>		<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Medium – High Risk <i>(use only if county is using alternate range)</i> <input type="checkbox"/> High Risk	
21.5	<b>Reassessment Override Reason</b>		<input type="checkbox"/> Not applicable <input type="checkbox"/> Sex offender <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Extremely serious substance abuse <input type="checkbox"/> Fire setting <input type="checkbox"/> Other (specify)_____	
21.6	<b>Final Assessment Risk Level</b>		<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Medium-High Risk <i>(use only if county is using alternate range)</i> <input type="checkbox"/> High Risk	
22.0	<b>COMPLETING AND LOCKING THE JCP REASSESSMENT</b>			
	Check the Completed box at the top right of the screen to indicate the Assessment is complete – JJIS verifies that all mandatory questions have been answered and inserts the current date as the Locked Date.			
<b>Comments:</b>				

## Instructions: JJIS Version

There are important changes to the JCP Risk Assessment - 2021. Prior to using this new version of the JCP for the first time, assessors are urged to review the following documents (available on the web at [www.ojdda.org](http://www.ojdda.org))

1. New features: See “**What’s New on the JCP 2021: JJIS Version**”
2. General Instructions: For general instructions, see “**General Instructions for Using the JCP Risk Assessment 2021**”
3. Item Specific Instructions: For detailed instructions for each section and each item see “**JCP Risk Assessment 2021: Specific Instructions for Each Section and Question.**” These instructions are also available on the JJIS instrument under “Question Help.”
4. The JCP Risk Reassessment: Several questions on the JCP Risk Reassessment are pre-filled by JJIS. These items could be difficult to complete manually. Use JJIS for the Reassessment Section of JCP 2021 if at all possible.

### MANUAL SCORING AND TOTALS

JJIS will automatically compute the number of domains, total JCP score, total risk factors, total protective factors, total mental health indicators, and risk level based on office preference. The instructions that follow are provided in case you need to compute these results manually. Manual calculations are subject to error and should be re-checked in JJIS.

- ❖ If you are scoring manually and want to count the number of risk domains, check the large box  under the domain number if at least one circle in that domain has been checked.
- ❖ Only **un-shaded** items are scored.
- ❖ On this hard-copy version of the JCP 2021, the risk indicator numbers begin with the letter "R," the protective factor items begin with the letters “PF,” items indicating change over time begin with the letter “C.”
- ❖ Each item where a circle is checked receives a score of “1.” Shaded items are not included in the scoring of the assessment, but are included here for case planning and evaluation purposes.
- ❖ Items indicated with “MH” are mental health indicators. The presence of a mental health item indicates the assessor should consider additional mental health assessments and/or services and supervision for these youth.
- ❖ Research suggests that youth who have one or more of the JCP **violence indicators** may be more at risk of committing a violent act in the future. You should consider how to address the particular indicator in the youth’s case plan.
- ❖ JCP Service Eligibility: If you have checked at least one circle in a domain, check the box () in the left margin. If you have checked at least two boxes (), the youth is eligible for JCP service.
- ❖ All JCP Assessments 2021 (and reassessments) completed for youth referred to a juvenile department should be entered into JJIS.

**Questions: Contact [www.ojdda.org](http://www.ojdda.org)**